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Healthcare Solutions

Delivering solutions that put people first.

Noridian Healthcare Solutions, LLC

MEDICARE TELEHEALTH UPDATES 2023-24

**Provider Outreach and Education
May 2023**



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- [Noridian Medicare website](#)
- [CMS website](#)

TELEHEALTH PERMANENT MEDICARE CHANGES

- [Federally Qualified Health Centers \(FQHCs\)](#) and [Rural Health Clinics \(RHCs\)](#) can serve as a distant site provider for behavioral/mental telehealth services
- Medicare patients can receive telehealth services for behavioral/mental health care in their home
- There are no geographic restrictions for originating site for behavioral/mental telehealth services
- Behavioral/mental telehealth services can be delivered using audio-only communication platforms
- Rural Emergency Hospitals (REHs) are eligible originating sites for telehealth
- Sources: [Consolidated Appropriations Act, 2021](#) (PDF), [Consolidated Appropriations Act, 2022](#) (PDF), [CMS CY 2022 Physician Fee Schedule](#) (PDF), [CMS CY 2023 Physician Fee Schedule](#) (PDF)

TEMPORARY MEDICARE CHANGES THROUGH DECEMBER 31, 2024

- FQHCs and RHCs can serve as a distant site provider for non-behavioral/mental telehealth services
- Medicare patients can receive telehealth services in their home
- There are no geographic restrictions for originating site for non-behavioral/mental telehealth services
- Some non-behavioral/mental telehealth services can be delivered using audio-only communication platforms
- An in-person visit within six months of an initial behavioral/mental telehealth service, and annually thereafter, is not required
- Telehealth services can be provided by all eligible Medicare providers
- Source: [Consolidated Appropriations Act, 2023](#) (PDF)

POST PUBLIC HEALTH EMERGENCY (PHE) SUMMARY

- Audio-only phone continues through December 31, 2024
 - E/M CPTs 99441-99443 (5-30 minutes) – no HCPCS replacement
- Discontinuing “virtual” direct supervision after Dec. 31, 2023
- Added 54 Telehealth codes to Category 3 list
 - Modified expiration to end 2023
- Reinstating Telehealth visit rules for inpatient (every three days) and SNF (every 14 days)
 - CMS discretion – not consider through December 31, 2023
 - G0508-G0509 (critical care consults) – once per day limit

TELEHEALTH FLEXIBILITIES TERMINATION DATE

- Updated CMS clarification released May 2023
- Telehealth waivers and flexibilities last 151 days following PHE end
 - Extended through December 2023 per CR 12982
- End of 2023: Continue with place of service (POS), as if service in-person (e.g., POS 11) and append modifier 95
 - Start 2024: POS 02 or 10 required
- Telehealth through 2024:
 - May be furnished any geographic area and originating site
 - Includes patient's home
 - Furnished by appropriately licensed practitioners:
 - Physicians, practitioners, physical therapists, occupational therapists, speech-language pathologists, and audiologists

MENTAL HEALTH TELEHEALTH

- CMS delays in person mandatory visit (every six months)
 - Through December 2024
- Mental Health providers may render Telehealth via **audio only** when patient does **not** have access or refuses visual technology
 - Diagnosis, evaluation and/or disorder treatment (includes substance abuse)
- Periodic patient assessments (HCPCS G2077) via audio-video
- Therapy and counseling portions of weekly bundles and add-on code for additional counseling or therapy (HCPCS code G2080)
 - Via audio-only technology when audio-video not available
- Modifier FQ or 93 = behavioral health with audio-only; effective January 2022

POST PHE FOR HOSPITALS – DSMT AND MNT

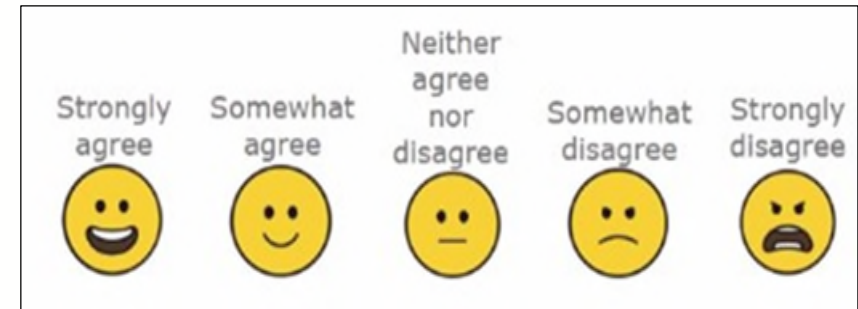
- **21. [UPDATED] Following the end of PHE, can hospitals bill for outpatient physical therapy (PT), occupational therapy (OT), speech language pathology (SLP) services, Diabetes Self-Management Training (DSMT), or Medical Nutrition Therapy (MNT) provided to beneficiaries in their homes through telecommunication technology by hospital-employed staff?**
 - We (CMS) recognize that therapists and many of the other practitioners who provide these services remain on the list of distant site practitioners for Medicare telehealth services. However, for DSMT services, we understand that some other types of hospital clinical staff, beyond those identified as eligible distant site practitioners for Medicare telehealth, can provide these services in some cases.
 - To allow these services to continue to be furnished to patients in their home through telecommunication technology through the end of CY 2023, we are exercising enforcement discretion in reviewing the telehealth practitioner status of the clinical staff personally providing any part of a remotely furnished DSMT service, so long as the practitioner is qualified to provide the service.
 - Through the end of CY 2023, PT, OT, SLP, DSMT, MNT providers should continue to bill for these services when furnished remotely in the same way they have been during the PHE.

RESOURCES



ALL MAC CUSTOMER EXPERIENCE (MCE) SURVEY

- POE Survey
 - Webinars (three chances!)
 - Via QR code on last slide after Resources presented
 - Via automated email one hour after event
 - Via email with CEU within one business day of event
 - POE Webpages (Schedule of Events, ACT)
 - YouTube Tutorials
- Results are Appreciated
 - Drive Change
 - Identify Best Practices
 - Every Result Reviewed
 - Articles Share Progress



THANK YOU!

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CLOSING REMINDERS

Questions

- Keep to slides provided
- Ask written or verbal
- No scenarios
- Lower hand when answered
- Unrelated questions?
Call Customer Service in your jurisdiction
- Not a Noridian provider?
Send questions to your respective MAC

CEUs

- Emailed within one day after the event
- Must attend entire webinar
- Telephone-only ineligible
- No index number for AAPC members
 - CMS/MAC Sponsored
- Not reissued for past events

Satisfaction Survey

- Feedback is Appreciated
 - Emoji rating
 - Drive Change and Best Practices
 - Every Result Reviewed
- Scan the QR code below:

